DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MCCLOSKEY HOME (THE) (0008901) Address: 926 CAMPFIRE DR, SUN PRAIRIE, WI 53590

License Status: REGULAR

Licensed/Certified/Registered 12/23/1999

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey	History

Survey ID: 0096162 End Date: 12/30/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091733 End Date: 12/17/2003 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007919 Served 12/23/2003

Deficiencies CitedSubject AreaCorrected88.06(3)(f)REVIEW OF ISP12/30/2005Yes88.07(3)(a)PRESCRIPTION MEDICATIONS12/30/2005Yes

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